Potassium (24hrs Urine) (K24)

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TEST OVERVIEW

Test Name	Potassium (24hrs Urine)
Test Code	K24
Short Description	Potassium (24hrs Urine)

OVERVIEW

Test Name	Potassium (24hrs Urine)
Test Code	K24
Category	Urine Biochemistry
TAT	Main Lab: 4 Hour(s) Family Site: <4hrs
Specimen(s)	1 x Urine - 2000 mL 24-Hours urine container - Red - Urine 24hrs - No preservative

SPECIMEN(S)

Urine 24hrs - No preservative

Specimen Type	Urine 24hrs - No preservative
Specimen Format	24-Hours urine container
Specimen Colour	Red
Specimen Volume	2000 mL
Sampling Order	0
Origin	Urine
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	-
TAT	Main Lab: 4 Hour(s)

	Family Site: <4hrs
Test Stability	Room Temp: - 2–8°C: -

CLINICAL INFORMATION

Potassium (24hrs Urine)

Methodology	-
Specimen Type	Urine 24hrs - No preservative
Delay before pre-treatment	2
Transport Temperature	15-25°C
Transport Stability at room temp	- -
Transport Stability at 2–8°C	- -
Haemolysis interference	No

Clinical Interest

Urine Electrolytes are measured to assess kidney function, fluid balance and the body's electrolyte status.

Urinary electrolyte levels, particularly sodium and potassium, indicate how well the kidneys are managing electrolyte and fluid balance.

Urinary sodium concentration is used to distinguish between pre-renal and intrinsic causes of acute kidney injury (AKI):

- A **low urinary sodium level (<20 mEq/L)** indicates pre-renal causes (dehydration, hypovolaemia).
- A high **urinary sodium** level **(>40 mEq/L)** indicates intrinsic renal damage (e.g. acute tubular necrosis).
- **Hyponatremia/hypernatremia**: A **low urinary sodium level** in the setting of hyponatremia indicates a non-renal cause (e.g. heart failure, cirrhosis of the liver).
- **High urinary sodium** in hyponatremia suggests renal salt loss or inappropriate secretion of antidiuretic hormone (SIADH).
- **Hypokalaemia/hyperkalaemia**: Urinary potassium excretion helps determine whether potassium imbalances are due to renal or non-renal causes.
- A **high level of urinary potassium** in hypokalaemia suggests renal potassium loss (e.g. diuretics, hyperaldosteronism). A **low urinary potassium level** suggests extrarenal losses (e.g. gastrointestinal losses such as diarrhoea).
- **Chloride in metabolic alkalosis**: Urinary chloride levels are used to distinguish the causes of metabolic alkalosis. A low urinary chloride level (<20 mEq/L) suggests a chloride-responsive cause (e.g. vomiting or diuretic use), whereas a high urinary chloride level indicates non-chloride-responsive conditions (e.g. primary hyperaldosteronism).

PATIENT INFORMATION

Clinical Information Required	24-hour urine volume (mL) Collection start time Collection start date Collection end time Collection End date -
Patient Collection Notes	
	24-hour urine collection:

- On the first day, on waking, eliminate the first urine in the toilet (note the date and time).
- For the next 24 hours, collect all the urine from the day and night, including that from the next morning when you get up at the same time.
- Recap and store the container between 2 and 8 degrees C. between each micturition.
- Note the date and time of the end of micturition on the bottle.
- Be sure to close the container securely for transport.
- Bring all the urine to the laboratory as soon as possible after collection.

COMMENTS & NOTES

LOINC Code	29-0, 2829-0
Outwork	No